



EASTERN WASHINGTON INTERAGENCY TRAINING ZONE

Training Announcement S-290 Intermediate Fire Behavior

Nominations due February 10, 2012

Minimum number of students: 1

Maximum number of students: 20

Course Description

This course is NWCG certified and is interchangeable with the NWCG approved S-290 instructor lead training course.

S-290 is the second course in a five course sequence developing wildland fire behavior prediction knowledge and skills. It builds upon the basics in S-190, Introduction to Wildland Fire Behavior, but with more detailed information about characteristics and interactions of the wildland fire environment.

Objectives:

- Identify and describe the characteristics of fuels, weather, and topography that influence wildland fire behavior.
- Describe the interaction of fuels, weather, and topography on wildland fire behavior, fireline tactics, and safety.
- Describe the causes of extreme wildland fire behavior (long-range spotting, crowning, and fire whirls) developing due to fuels, weather, and/or topography.
- Interpret, apply, and document wildland fire behavior and weather information.

DATES OF CLASSES: March 19 – 23, 2012

PREREQUISITES: Introduction to Wildland Fire Behavior (S-190).
 Completion of course pre-work

TARGET GROUP: Personnel desiring to be qualified as any single resource boss or
 fire effects monitor (FEMO).

LOCATION: Mt Tolman Fire Center, Training Center, Keller WA

LEAD INSTRUCTOR: Scott Rodgers

COURSE COORDINATOR: David Nee

Mail, e-mail or FAX registrations to:

Mt Tolman Fire Center
Attn: David Nee
PO Box 188
Keller, WA 99140
Fax 509-634-3149



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| Course Number S-290 | Course Name Intermediate Fire Behavior | PRIORITY ____ of ____ |
| IQCS Session Number | Course Location Mt. Tolman Fire Center, Keller, WA | Course Date(s) March 19-23, 2012 |
| Course Tuition (if required) | Course Coordinator Name (First Last) David Nee | Course Coordinator Phone Number 509-634-3133 |
| Course Coordinator E-Mail dave.nee@colvilletribes.com | Course Coordinator FAX Number 509-634-3149 | Date Submitted |
| Employee's IQCS ID Number: | | |
| Nominee's Name (First MI Last) | | |
| Working Job Title | | E-Mail |
| Agency Name | | Fax |
| Home Unit | Nominee's Mailing Address (if different) | |
| Street | Street | |
| City | City | State |
| Zip | Telephone | Zip |
| List training completed and dates pertinent to this course: | | |
| List your past qualifications pertinent to this course: | | |
| Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.) | | |
| Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.) | | |
| Remarks: | | |